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Indiana State Department of Health

DATE: April 28, 2009

TO: Indiana Public Health Officials
Infection Preventionists
Healthcare Providers

FROM: James Howell, DVM MPH
State Epidemiologist

RE: **Guidelines for enhanced surveillance and testing for novel influenza A/H1N1/
North America/Human influenza virus in Indiana**

*****Please distribute widely*****

The Centers for Disease Control and Prevention (CDC) has reported novel A/H1N1/North America/Human influenza virus infections in several states. An MMWR summarizing the initial investigation can be found at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm58d0424a1.htm>. The World Health Organization has also reported infections in Mexico and other countries caused by viruses that are genetically identical to the U.S. cases. The **Indiana State Department of Health (ISDH)** is actively investigating leads on cases of this influenza strain in Indiana. One confirmed case has been identified in Indiana at this time.

Investigations are ongoing and updates will be forthcoming in the media and at <http://www.cdc.gov/flu/swineflu>, <http://www.who.int/en/>, and www.H1N1.in.gov. Interim guidance on infection control, treatment, and chemoprophylaxis for A/H1N1/North America/Human influenza is available at <http://www.cdc.gov/swineflu/guidance/>.

Attached are interim guidelines for testing specimens associated with this outbreak. Specimens from patients **that meet the criteria for being a suspect case** (see definition below) will be tested at the ISDH Laboratory. Submitters and local health officials will be notified of test results as soon as they become available.

Electronic submission of influenza samples is available through the Laboratory Information Management System (LIMS) and will potentially shorten the turnaround time for results. To establish an account for electronic submission, contact the LIMSnet Helpdesk at (888) 535-0011.

If you have any questions please contact:

Epidemiology and Surveillance:
Shawn Richards
ISDH Influenza Coordinator
317-233-7740 srichard@isdh.IN.gov

Laboratory Issues:
Dr. Judy Lovchik
ISDH Laboratory Director
317-921-5808 jlovchik@isdh.IN.gov

April 28, 2009

TESTING SUSPECT CASES OF A/H1N1/NORTH AMERICA/HUMAN INFLUENZA –

The Indiana State Department of Health (ISDH) requests health care providers to collect specimens from any patient who meets the following criteria:

The patient presents with signs and symptoms characteristic of influenza (**fever ≥ 100 degrees Fahrenheit with cough or sore throat**), **AND**

- a) Has had a positive test result for influenza A, **OR**
- b) Has traveled to another state or country with confirmed cases of A/H1N1/North America/Human influenza within 7 days of illness, **OR**
- c) Has been in contact with someone ill with a suspected, probable, or confirmed case of the current outbreak strain within 7 days of illness.

Note: Specimens that are influenza B positive with rapid influenza testing should not be sent.

Note: ISDH Lab cannot test swabs that have already been used to perform rapid testing.

SPECIMEN COLLECTION:

1. Insert a nasopharyngeal swab with flexible shaft through nostril to posterior nasopharynx. (Do not use wooden shaft swabs. Dacron, rayon, or flocked swabs give optimal results.)
2. Place swab in viral transport medium. If you cannot obtain viral transport medium, you may use other transport media but sensitivity may be compromised.
3. If necessary, break or cut shaft to allow the transport tube to be completely sealed.
4. NP aspirates in viral transport medium are also excellent specimens.
5. Label each tube with the patient's name and the collection date.
6. Specimens should be placed at refrigerator temperature immediately after collection and transported with cold packs.
7. Complete an Influenza Lab Submission form for each specimen (form is included here and can be found at: <http://www.in.gov/icpr/webfile/formsdiv/35212.pdf>). Make sure your clinic or laboratory address is complete.
8. If unable to ship the same day, refrigerate the specimens.
9. Transport the specimens on cold packs with Overnight Delivery. Holding the specimens longer than 24 hours will decrease the chance for influenza isolation.

PACKING AND SHIPPING:

1. Wrap the specimen(s) in an absorbent pad and secure all specimens a Ziploc-type bag.
2. Place the completed Influenza Lab Submission form(s) in the liner of the bag and enclose with the frozen cold pack in a Styrofoam container. Please make sure to complete Section 4 highlighting the person's travel history or contact with someone with a significant travel history.
3. Place the Styrofoam container into the cardboard box and secure the box with packaging tape.
4. Address to:
 1. Indiana State Department of Health Laboratory
 2. Attn: Virology Laboratory
 3. 550 W. 16th Street, Suite B
 4. Indianapolis, IN 46202
5. Attach your **return address** label; include the **name and telephone number** of the person who knows the content of the package (requirement) with the return address.
6. Specimens should be shipped so they arrive at the ISDH Lab during business hours, Monday –Saturday.

**VIROLOGY**

State Form 35212 (R5/7-08)

CLIA Certified Laboratory #15D0662599

Indiana State Department of Health Laboratories
550 W. 16th Street, Suite B
Indianapolis, IN 46202
(317) 921-5500

Use a separate form for each specimen. Specimens without a name will not be analyzed.

Section 1. Patient Demographics

Last Name First Name MI Date of Birth

Number & Street Address City State ZIP Code

Race: County of Residence

- ☐ Asian ☐ White
☐ Black or African American ☐ Multiracial
☐ American Indian or Alaska Native ☐ Other
☐ Native Hawaiian or Other Pacific Islander ☐ Unknown

Ethnicity:

- ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Sex:

- ☐ Male ☐ Female ☐ Unknown

Name of ☐ Employer ☐ School ☐ Care Facility ☐ Institution Facility Phone Number Occupation
Institution Resident? ☐ No ☐ Yes Institution Type ☐ Prison ☐ Nursing Home ☐ Other (specify) _____

Address of Employer/School/Care Facility/Institution

City State ZIP Code

Section 2. Clinical Information

Specimen Information:

- ☐ Isolate ☐ Swab ☐ Stool ☐ Fluid ☐ Tissue ☐ Other: _____

Anatomical Site

Date of Illness Onset

Date of Collection

Is Patient Immunocompromised? ☐ Yes ☐ No

Clinical Diagnosis

State of Illness ☐ Asymptomatic ☐ Symptomatic (If patient is symptomatic, please check all signs/symptoms that apply)

General Symptoms

- ☐ Fever _____°F
☐ Headache
☐ Sore Throat
☐ Cough

CNS

- ☐ Encephalitis
☐ Meningitis
Ocular
☐ Conjunctivitis
☐ Photophobia

Exanthema

- ☐ Maculopapular
☐ Papular
☐ Hemorrhagic
☐ Vesicular
☐ Petechial

Respiratory

- ☐ Upper Resp. Inf.
☐ Lower Resp. Inf.
☐ Pneumonia
☐ ARDS

Gastrointestinal

- ☐ Vomiting
☐ Diarrhea

Cardiovascular

- ☐ Heart Inflammation

Other Symptoms (please specify)

Is this specimen part of a public health investigation? ☐ Yes ☐ No ☐ Unknown**Section 3. Influenza Submission Information**

Influenza Authorization Code

Influenza Sentinel Physician #

Influenza Rapid Test: ☐ Positive ☐ Negative ☐ Not Performed If positive: ☐ Type A ☐ Type B ☐ Type A/B ☐ Not Typed

Vaccination Date

Vaccine Type ☐ Killed Vaccine ☐ Attenuated Vaccine/Flu Mist Number of Doses: ☐ 1 ☐ 2Patient Received/Receiving Antivirals? ☐ Yes ☐ No If Yes, Date Administered

Which antiviral prescribed? _____

Patient Contact with (check all that apply): ☐ Birds ☐ Animals ☐ Family ☐ Community ☐ Resp. Disease Outbreak**Complete Reverse Side**

VIROLOGY

State Form State Form 35212 (R5/7-08)

Section 4. Travel History

Travel history for the past 60 days:

Traveled to/from:

____ / ____ / ____
Date of Departure

____ / ____ / ____
Date of Return

Section 5. Virus Suspected

- | | |
|---|---|
| <input type="checkbox"/> Adenovirus | <input type="checkbox"/> Norovirus |
| <input type="checkbox"/> Enterovirus | <input type="checkbox"/> Parainfluenza |
| <input type="checkbox"/> Herpes Simplex | <input type="checkbox"/> Respiratory Syncytial Virus |
| <input type="checkbox"/> Influenza | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Community-Acquired Pneumonia |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Other _____ |

Section 6. Submitter Information

Healthcare Provider's Name

E-Mail Address

____ - ____ - ____
Phone Number Fax Number

Submitting Facility Name

Number & Street Address

City State ZIP Code

____ - ____ - ____
Phone Number Fax Number

Collect specimen for virus culture and PCR testing as early as possible in the acute stage of illness. Acceptable specimens may include the following: isolates, NP swabs or throat swabs, stools or rectal swabs, body fluids, lesion swabs or scrapings, biopsy tissue (no preservative), and postmortem tissues (no preservative) depending on the suspected virus. Swabs must be placed in 2-3 mL of viral transport media such as M4, M4-RT, M5 UTM-RT, etc. Use a 7A container, available from the ISDH Container Section, for Norovirus specimens.

Refrigerate specimens for virus culture and PCR testing immediately after collection at 2-8° C. Wrap the labeled specimen container with absorbent material and place in a biohazard specimen bag to prevent breakage or spillage during shipment. Ship specimens within 24 hours in a heavily insulated box with sufficient ice packs to maintain 2-8° C while in transit. Pack specimens to prevent breakage or spillage. Ship the box compliant with DOT and IATA regulations.

Viral recovery may be complicated if specimens are not shipped refrigerated immediately after collection. If shipment and delivery to the ISDH laboratories is not possible within 24 hours after collection, specimens must be frozen at -70° C or below. Do not store at -20° C. Ship frozen specimens on 10 lb. dry ice in a heavily insulated box. Do not ship on Friday, hold in freezer for Monday shipping.

Specimens should be received by the ISDH Laboratory within 5 days of collection.

For ISDH Lab. Use ONLY

Place Label here

____ / ____ / ____
Date Received